

- (12) AGREE TO ACCEPT, AS PAYMENT IN FULL, THE PER DIEM RATE ESTABLISHED FOR NE-TBI SERVICES IN ACCORDANCE WITH RULE 5101:3-3-25 OF THE ADMINISTRATIVE CODE, AND TO MAKE NO ADDITIONAL CHARGE TO THE INDIVIDUAL, ANY MEMBER OF THE INDIVIDUAL'S FAMILY, OR TO ANY OTHER SOURCE FOR COVERED NE-TBI SERVICES;
 - (13) AGREE TO MAINTAIN SUCH RECORDS NECESSARY TO FULLY DISTINGUISH THE COSTS OF OPERATING THE TBI UNIT, TO DISCLOSE THE EXTENT OF SERVICES PROVIDED BY THE TBI UNIT, AND TO MAINTAIN ALL INFORMATION REGARDING PAYMENTS CLAIMED BY THE PROVIDER FOR FURNISHING NE-TBI SERVICES FOR A PERIOD OF SIX YEARS; OR IF AN AUDIT IS INITIATED WITHIN THE SIX-YEAR PERIOD, UNTIL THE AUDIT IS COMPLETED AND EVERY EXCEPTION RESOLVED.
 - (14) IF PRIOR AUTHORIZATION IS DENIED DURING AN ASSESSMENT THAT WAS REQUESTED FOR AN INDIVIDUAL WHO IS ALREADY RESIDING IN THE NE-TBI UNIT, AGREE TO MOVE THE INDIVIDUAL TO THE FIRST AVAILABLE NE BED THAT IS NOT IN THE TBI UNIT FOR AS LONG AS NE SERVICES ARE NEEDED, OR UNTIL SUCH TIME AS A MORE APPROPRIATE PLACEMENT CAN BE MADE, AND TO ACCEPT PAYMENT FOR THE PROVISION OF SERVICES AT THE NE LEVEL IN ACCORDANCE WITH RULE 5101:3-3-43 OF THE ADMINISTRATIVE CODE.
- (H) PAYMENTS FOR NE-TBI SERVICES SHALL BE MADE TO ELIGIBLE PROVIDERS IN ACCORDANCE WITH RULE 5101:3-3-25 OF THE ADMINISTRATIVE CODE.

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Rancho Los Amigos Hospital

Adult Head Trauma Service

LEVELS OF COGNITIVE FUNCTIONING

- I. NO RESPONSE Patient appears to be in a deep sleep and is completely unresponsive to any stimuli presented to him.
- II. GENERALIZED RESPONSE Patient reacts inconsistently and non-purposefully to stimuli in a non-specific manner. Responses are limited in nature and are often the same regardless of stimulus presented. Responses may be physiological changes, gross body movements and/or vocalization. Often the earliest response is to deep pain. Responses are likely to be delayed.
- III. LOCALIZED RESPONSE Patient reacts specifically but inconsistently to stimuli. Responses are directly related to the type of stimulus presented as in turning head toward a sound, focusing on an object presented. The patient may withdraw an extremity and/or vocalize when presented with a painful stimulus. He may follow simple commands in an inconsistent, delayed manner, such as closing his eyes, squeezing or extending an extremity. Once external stimuli are removed, he may lie quietly. He may also show a vague awareness of self and body by responding to discomfort by pulling at nasogastric tube or catheter or resisting restraints. He may show a bias toward responding to some persons (especially family, friends) but not to others.
- IV. CONFUSED-AGITATED Patient is in a heightened state of activity with severely decreased ability to process information. He is detached from the present and responds primarily to his own internal confusion. Behavior is frequently bizarre and

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non-purposeful relative to his immediate environment. He may cry out or scream out of proportion to stimuli even after removal, may show aggressive behavior, attempt to remove restraints or tubes or crawl out of bed in a purposeful manner. He does not, however discriminate among persons or objects and is unable to cooperate directly with treatment efforts. Verbalization is frequently incoherent and/or inappropriate to the environment. Confabulation may be present; he may be euphoric or hostile. Thus gross attention to environment is very short and selective attention is often nonexistent. Being unaware of present events, patient lacks short-term recall and may be reacting to past events. He is unable to perform self-care (feeding, dressing) without maximum assistance. If not disabled physically, he may perform motor activities as sitting, reaching and ambulating, but as part of his agitated state and not as a purposeful act or on request necessarily.

V. CONFUSED, INAPPROPRIATE
NON-AGITATED

Patient appears alert and is able to respond to simple commands fairly consistently. However, with increased complexity of commands or lack of any external structure, responses are non-purposeful, random, or at best, fragmented toward any desired goal. He may show agitated behavior, but not on an internal basis (as in Level IV), but rather as a result of external stimuli, and usually out of proportion to the stimulus. He has gross attention to the environment, but is highly distractible and lacks ability to focus attention to a specific task without frequent redirection back to it. With structure, he may be able to converse on a social-automatic level for short periods of time. Verbalization is often inappropriate; confabulation may be triggered by present events. His memory is severely impaired, with confusion of past and present in his reaction to ongoing activity. Patient

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lacks initiation of functional tasks and often shows inappropriate use of objects without external direction. He may be able to perform previously learned tasks when structured for him, but is unable to learn new information. He responds best to self, body, comfort and often family members. The patient can usually perform self-care activities with assistance and may accomplish feeding with maximum supervision. Management on the ward is often a problem if the patient is physically mobile, as he may wander off either randomly or with vague intention of "going home."

VII. CONFUSED-APPROPRIATE

Patient shows goal-directed behavior, but is dependent on external input for direction. Response to discomfort is appropriate and he is able to tolerate unpleasant stimuli (as NG tube) when need is explained. He follows simple directions consistently and shows carry-over for tasks he has relearned (as self-care). He is at least supervised with old learning; unable to maximally assisted for new learning with little or no carryover. Responses may be incorrect due to memory problems, but they are appropriate to the situation. They may be delayed to immediate and he shows decreased ability to process information with little or no anticipation or prediction of events. Past memories show more depth and detail than recent memory. The patient may show beginning immediate awareness of situation by realizing he doesn't know an answer. He no longer wanders and is inconsistently oriented to time and place. Selective attention to task may be impaired, especially with difficult tasks and in unstructured settings, but is now functional for common daily activities (30 min. with structure). He may show a vague recognition of some staff, has increased awareness of self, family and basic needs (as food), again in an appropriate manner as in contrast to Level

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V.

VIII. PURPOSEFUL AND
APPROPRIATE

Patient is alert and oriented, is able to recall and integrate past and recent events and is aware of and responsive to his culture. He shows carryover for new learning if acceptable to him and his life role, and needs no supervision once activities are learned. Within his physical capabilities, he is independent in home and community skills, including driving. Vocational rehabilitation, to determine ability to return as a contributor to society (perhaps in a new capacity), is indicated. He may continue to show a decreased ability, relative to premorbid abilities, in abstract reasoning, tolerance for stress, judgment in emergencies or unusual circumstances. His social, emotional and intellectual capacities may continue to be at a decreased level for him, but functional in society.

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CERTIFICATION: _____

DATE

PROMULGATED UNDER: Revised Code Chapter 119.

STATUTORY AUTHORITY: Revised Code Sections 5111.02 and 5111.257

RULE AMPLIFIES: Revised Code Sections 5111.01, 5111.02, 5111.20, and 5111.257

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5101:3-3-545 PEDIATRIC OUTLIER CARE IN NURSING FACILITIES (NF-PED SERVICES).

(A) PURSUANT TO SECTION 5111.257 OF THE REVISED CODE, THIS RULE SETS FORTH THE CONDITIONS UNDER WHICH ENHANCED PAYMENT IS AVAILABLE TO DISTINCT PART UNITS OF MEDICAID CERTIFIED NURSING FACILITIES (NFS) FOR THE PROVISION OF PRIOR AUTHORIZED PEDIATRIC OUTLIER CARE (NF-PED SERVICES). IT ALSO SETS FORTH THE PRIOR AUTHORIZATION PROCESS FOR INDIVIDUALS WHO ARE SEEKING MEDICAID PAYMENT FOR NF-PED SERVICES. THE PROCEDURES FOR CONDUCTING THE REVIEW TO DETERMINE ELIGIBILITY FOR THE PRIOR AUTHORIZATION OF NF-PED SERVICES SET FORTH IN THIS RULE ALSO INCORPORATE THE REQUIREMENTS OF RULE 5101:3-3-15 OF THE ADMINISTRATIVE CODE. THAT IS, FOR INDIVIDUALS SEEKING NF-PED SERVICES, THE PROCEDURES SET FORTH IN THIS RULE REPLACE THE PROCEDURES FOR THE IN-PERSON ASSESSMENT AND THE LEVEL OF CARE REVIEW PROCESSES SET FORTH IN RULE 5101:3-3-15 OF THE ADMINISTRATIVE CODE.

(B) DEFINITIONS:

(1) "HOME AND COMMUNITY-BASED SERVICES (HCBS)" MEAN SERVICES FURNISHED UNDER THE PROVISIONS OF 42 CFR 441 SUBPART G WHICH ENABLE INDIVIDUALS TO LIVE IN A HOME SETTING RATHER THAN A NF, AN INTERMEDIATE CARE FACILITY FOR THE MENTALLY RETARDED (ICF-MR), OR HOSPITAL.

(2) "INDIVIDUAL," FOR PURPOSES OF THIS RULE, MEANS ANY PERSON WHO IS SEEKING OR RECEIVING MEDICAID COVERAGE FOR PRIOR AUTHORIZED PEDIATRIC OUTLIER CARE IN AN OHIO MEDICAID-CERTIFIED NF WHICH HOLDS AN EFFECTIVE "NF-PED SERVICES PROVIDER AGREEMENT" WITH THE OHIO DEPARTMENT OF HUMAN SERVICES (ODHS).

(3) "LEVEL OF CARE (LOC) REVIEW" IS THE EVALUATION OF AN INDIVIDUAL'S PHYSICAL, MENTAL AND SOCIAL/EMOTIONAL STATUS TO DETERMINE THE LEVEL OF CARE REQUIRED TO MEET THE INDIVIDUAL'S SERVICE NEEDS. LEVEL OF CARE REVIEW IS CONDUCTED PURSUANT TO PARAGRAPH 1902 (a)(30)(A) OF THE SOCIAL SECURITY ACT AND INCLUDES ACTIVITIES NECESSARY TO SAFEGUARD AGAINST UNNECESSARY UTILIZATION.

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DETERMINATIONS ARE BASED UPON THE CRITERIA REGARDING THE AMOUNT AND TYPE OF SERVICES NEEDED BY AN INDIVIDUAL THAT ARE SET FORTH IN RULES CONTAINED IN CHAPTER 5101:3-3 OF THE ADMINISTRATIVE CODE. THE LOC PROCESS IS ALSO THE MECHANISM BY WHICH MEDICAID VENDOR PAYMENT IS INITIATED.

- (4) "NURSING FACILITY (NE)" MEANS ANY LONG TERM CARE FACILITY (EXCLUDING ICFS-MR) CURRENTLY CERTIFIED BY THE OHIO DEPARTMENT OF HEALTH AS BEING IN COMPLIANCE WITH THE NURSING FACILITY STANDARDS AND MEDICAID CONDITIONS OF PARTICIPATION.
 - (5) "PAS" MEANS PREADMISSION SCREENING AND REFERS TO THAT PART OF THE PREADMISSION SCREENING AND ANNUAL RESIDENT REVIEW (PASARR) PROCESS MANDATED BY SECTION 1919(e)(7) OF THE SOCIAL SECURITY ACT, AS AMENDED, WHICH MUST BE MET PRIOR TO ANY NEW ADMISSION TO A NE AND COMPLETED IN ACCORDANCE WITH RULE 5101:3-3-151 OF THE ADMINISTRATIVE CODE.
 - (6) "PHYSICIAN" MEANS A DOCTOR OF MEDICINE OR OSTEOPATHY WHO IS LICENSED TO PRACTICE MEDICINE.
 - (7) "PRIMARY DIAGNOSIS" HAS THE SAME MEANING AS IN RULE 5101:3-3-151 OF THE ADMINISTRATIVE CODE.
 - (8) "SKILLED LEVEL OF CARE (SLOC)" MEANS A DETERMINATION BY ODHS OR ITS DESIGNEE THAT AN INDIVIDUAL'S CARE NEEDS MEET THE CRITERIA SET FORTH IN RULE 5101:3-3-05 OF THE ADMINISTRATIVE CODE.
 - (9) "REPRESENTATIVE" MEANS A PERSON ACTING ON BEHALF OF AN INDIVIDUAL WHO IS APPLYING FOR OR RECEIVING MEDICAL ASSISTANCE. A REPRESENTATIVE MAY BE A FAMILY MEMBER, ATTORNEY, HOSPITAL SOCIAL WORKER, NE SOCIAL WORKER, OR ANY OTHER PERSON CHOSEN TO ACT ON THE INDIVIDUAL'S BEHALF
- (C) PRIOR AUTHORIZATION. NE-PED SERVICES MUST BE PRIOR AUTHORIZED BY ODHS OR ITS DESIGNEE IN ACCORDANCE WITH THE PROCEDURES SET FORTH IN PARAGRAPHS (C)(1) TO (G) OF THIS RULE. UNLESS THE INDIVIDUAL IS SEEKING A CHANGE OF PAYOR, THE PRIOR AUTHORIZATION

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OF PAYMENT FOR NF-PED SERVICES MUST OCCUR PRIOR TO ADMISSION TO THE NF-PED UNIT; OR, IN THE CASE OF REQUESTS FOR CONTINUED STAY, NO LATER THAN THE FINAL DAY OF THE PREVIOUSLY AUTHORIZED NF-PED STAY.

- (1) INITIAL REFERRAL. IN ORDER TO INITIATE THE APPLICATION PROCESS FOR THE PRIOR AUTHORIZATION OF NF-PED SERVICES, THE INDIVIDUAL OR THE INDIVIDUAL'S REPRESENTATIVE MUST SUBMIT, TO ODHS OR ITS DESIGNEE, A WRITTEN REQUEST FOR THE PRIOR AUTHORIZATION OF NF-PED SERVICES. THE REQUEST IS CONSIDERED TO BE "SUBMITTED" WHEN IT IS RECEIVED BY ODHS OR ITS DESIGNEE.
- (2) INITIAL APPLICATION REQUIREMENTS. ODHS OR ITS DESIGNEE SHALL ASSIST THE INDIVIDUAL, AND/OR THE INDIVIDUAL'S REPRESENTATIVE IN THE COMPLETION OF THE APPLICATION REQUIREMENTS SET FORTH IN THIS RULE. IT IS THE RESPONSIBILITY OF THE INDIVIDUAL, AND/OR THE INDIVIDUAL'S REPRESENTATIVE TO ENSURE THAT ALL REQUIRED INFORMATION BE PROVIDED TO ODHS OR ITS DESIGNEE AS REQUESTED. PRIOR AUTHORIZATION FOR NF-PED SERVICES SHALL NOT BE GIVEN UNTIL ALL OF THE INITIAL APPLICATION REQUIREMENTS SET FORTH IN THIS RULE HAVE BEEN MET.
 - (a) AN INITIAL APPLICATION FOR THE PRIOR AUTHORIZATION OF NF-PED SERVICES IS CONSIDERED TO BE COMPLETE ONCE AN ODHS 3697, OR AN ALTERNATIVE FORM SPECIFIED BY ODHS, WHICH ACCURATELY REFLECTS THE INDIVIDUAL'S CURRENT MENTAL AND PHYSICAL CONDITION AND IS CERTIFIED BY A PHYSICIAN, HAS BEEN APPROPRIATELY COMPLETED, A LOC DETERMINATION HAS BEEN MADE, AND A DETERMINATION REGARDING THE FEASIBILITY OF COMMUNITY-BASED CARE HAS BEEN MADE. IF THE INDIVIDUAL IS REQUIRED BY RULE 5101:3-3-151 OF THE ADMINISTRATIVE CODE TO UNDERGO PAS, THE COMPLETED ODHS 3622 AND THE RESULTS OF ALL REQUIRED PAS DETERMINATIONS MUST ALSO BE ATTACHED TO THE ODHS 3697 OR APPROVED ALTERNATIVE FORM.
 - (b) THE ODHS 3697, OR THE ODHS-AUTHORIZED ALTERNATIVE FORM, MUST TO THE MAXIMUM EXTENT POSSIBLE BE BASED ON INFORMATION FROM THE MDS+, AND MUST INCLUDE THE

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FOLLOWING COMPONENTS AND/OR ATTACHMENTS:

- (i) THE INDIVIDUAL'S LEGAL NAME; MEDICAID NUMBER; DATE OF ORIGINAL ADMISSION TO THE FACILITY, IF APPLICABLE; CURRENT ADDRESS; NAME AND ADDRESS OF RESIDENCE IF CURRENT RESIDENCE IS A LICENSED OR CERTIFIED RESIDENTIAL SETTING OR HOSPITAL; AND COUNTY WHERE THE INDIVIDUAL'S MEDICAID CASE IS ACTIVE.
- (ii) ALL OF THE INDIVIDUAL'S CURRENT DIAGNOSES WITH THE PRIMARY DIAGNOSIS SPECIFIED (IF SO SPECIFIED BY THE INDIVIDUAL'S PHYSICIAN), INCLUDING MEDICAL, PSYCHIATRIC AND DEVELOPMENTAL DIAGNOSES AND, IF AVAILABLE, THE DATES OF ONSET.
- (iii) A LISTING OF ALL MEDICATIONS, TREATMENTS, AND PROFESSIONAL MEDICAL SERVICES REQUIRED.
- (iv) A STATEMENT REGARDING THE INDIVIDUAL'S FUNCTIONAL STATUS, INCLUDING AN ASSESSMENT OF CURRENT STATUS IN SELF CARE, MOBILITY, SELF-ADMINISTRATION OF MEDICATION, CAPACITY FOR INDEPENDENT LIVING, LEARNING, SELF-DIRECTION AND COMMUNICATION SKILLS.
- (v) AN ASSESSMENT OF THE INDIVIDUAL'S CURRENT MENTAL /BEHAVIORAL STATUS.
- (vi) TYPE OF SERVICE SETTING FOR WHICH THE LOC DETERMINATION IS SOUGHT (NE-PED UNIT).
- (vii) A STATEMENT SIGNED AND DATED BY A PHYSICIAN CERTIFYING THAT ALL INFORMATION PROVIDED ABOUT THE INDIVIDUAL IS A TRUE AND ACCURATE REFLECTION OF THE INDIVIDUAL'S CONDITION.
- (viii) A PHYSICIAN CERTIFICATION OF THE INDIVIDUAL'S NEED FOR A SPECIFIC LEVEL OF INPATIENT CARE SHALL OCCUR ON OR NO MORE THAN FIFTEEN DAYS BEFORE THE DAY OF ADMISSION. FOR AN INDIVIDUAL WHO

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